

INDIANA FAMILY AND
SOCIAL SERVICES
ADMINISTRATION /
MENTAL HEALTH AND
ADDICTION

Larue D. Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222-2202

Phone: 317-941-4000
Fax: 317-941-4085

Our Vision:

To serve the citizens of Indiana as a center of excellence in mental health.

Our Mission:

To provide specialized treatment, education, and research in the field of mental health.

• Teaching
• Research
• Treatment

The Carter Insider

Editor: Deb Doty
This Month's Contributors:
Becky Dutton, Hank Kimmel,
Paula McAfee, Stan Russell, Kathy
Scott, Kausar Siddiqi, Indu Vohra,
the Safety Council, the Wellness
Committee

Larue D. Carter Memorial Hospital The Carter Insider



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Quality Checkpoint by IOP Director Indu Vohra

The Centers for Medicare and Medicaid Services (CMS) requires hospitals to meet certain Conditions of Participation (COPs) in order to participate in the Medicare and Medicaid programs. **The CMS "Final Rule" (revised after 25 years) for the Condition of Participation became effective July 16, 2012**, for the hospitals. The changes will have an important bearing on the state laws, hospital policies, and structure. At LCH, Performance Improvement Director, Indu Vohra, held training for the Division Directors and managers in a "Train-the-Trainer" format for disseminating the new CMS information.

Here is a summary of changes in CMS rules relevant for LCH:

- CMS will allow a multi-hospital system to operate with a single governing board and a single organized medical staff that would be responsible for the quality of patient care.
- CMS added a requirement that a member(s) of the hospital's medical staff be included in the single governing body to ensure better communication and coordination of the health care system.
- CMS has broadened the definition of "medical staff" to allow the hospitals the flexibility to include non-physician practitioners (such as advanced practice

nurses, physician assistants, etc.) as eligible for appointment to the medical staff and subject to medical staff rules and credentialing and privileging process.

- Elimination of infection control log maintenance requirement to allow flexibility to hospitals in their approach to tracking and surveillance of infections.
- The Life Safety Code (LSC) would continue to follow the required 2000 edition. The 2012 edition was released in 2011, but please stay tuned: CMS may issue a notice in the near future to require the updated edition.
- CMS requires that a log be maintained of all deaths occurring while patients are in restraints. The log must be made available to CMS immediately upon request. The amended regulations will remove the current requirements for hospitals to notify CMS of a patient's death who died when no seclusion was used and the only restraints used were soft, non-rigid, cloth-like materials applied to the patient's wrists. Reporting will also be eliminated for patients who died within 24 hours of having been removed from such restraints.

An important note for LCH staff: It is prudent to

consult your Division Director first for the hospital's current policies and procedures for the reporting of patient deaths for patients who were in seclusions and restraints. The hospital policies and procedures in this case will be guided by DMHA policies, which would reflect these changes in time. (Stay tuned!)



- The hospitals will have the option of either having a stand-alone nursing care plan or a single interdisciplinary care plan to address nursing and other disciplines.
- The required specialized training for the non-physician staff to administer blood transfusions and intravenous medications has been clarified and made subject to the state laws and approved medical staff policies and procedures.
- The CMS requirements for the authentication of verbal orders have been made subject to the state laws and hospital policies.

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Safe and Secure by the Safety Council



Ever wonder what an environment would be like without chemicals? How would one clean, wash dishes, sanitize? Even personal hygiene is affected by chemicals such as soap, shampoo, deodorant, and toothpaste. Chemicals play a very important role in life today, both in the work place and at home. But, just as important as chemicals are in our everyday life, it's just as important to control these chemicals. How does one control chemicals? A Material Safety Data Sheet (MSDS) must be provided by the manufacturer of the chemical in question. By reading and following all directions contained in the MSDS, one can safely use, store, provide first aid for injuries, and even dispose of chemicals.

What is an MSDS? It is a formal document provided by the chemical manufacturer to describe how to safely use a particular chemical. It should contain the following information: name and address of the manufacturer, an emergency phone number, name of the chemical, the chemical formula, how to store, what personal protection equipment is needed, what steps to take in the event the user is contaminated or the chemical is ingested, how to clean up a spill, flammability level, along with the volatility level. Some MSDS sheets may vary in format, but should contain at least the information mentioned and are available on-line, through the distributor, or from the manufacturer. **A copy of an MSDS is available for your review,**

upon request, from your supervisor.

All precautions should be taken when using chemicals whether at home or in the work place. A good tip to remember is to become familiar with the chemical and seek advice if needed.

Remember: safety is a team effort!

Speaking of team effort.... The Safety Council and IOP worked together to ensure that 14 new posters concerning CPR, National Patient Safety Goals, and fall prevention were hung throughout the hospital. **Be sure to check out the new posters!**

Protect Your Hearing



What do hair dryers, iPods, lawn mowers, and a day at the Indianapolis 500 have in common? They generate enough noise to hurt your hearing. A recent study estimates nearly one in five Americans over age 12 have significant hearing loss. Try these steps to protect your ears:

- **Lower the volume.**

Repeated exposure to more than 85 decibels can cause hearing loss. And the louder the noise, the less time it takes to do damage.

- **Plug your ears.** Anyone regularly exposed to loud noises needs to wear ear plugs. Even one-time exposure can harm ears per-

manently, so take precautions.

- **Skip cotton swabs.** Instead of cleaning wax out of their ears, many people end up pushing it deeper into the ear canal which leads to wax blockage, a common cause of hearing loss.

LCH Potpourri



Patricia Rainey
August Employee of the Month

Congratulations to Patricia Rainey on being named LCH's Employee of the Month for August! Patricia (BHRA on 2A) is known for her consistent care for all patients—and the patients appreciate her efforts.

LCH welcomes: Shantel Carlisle (BHRA), **Jessica Engle** (BHRA), **Tiffany Gorham** (BHRA), **Pashae Miller** (BHRA), and **Jim Wright** (Account Clerk).

We say farewell to: Dennis

Murray (BHRA) and **Julie Taylor** (Charge Nurse).

Best wishes and happy retirement to Beverly Flannery (BHRA) and **Theresa Manning** (BHRA) who retired on July 31. Retiring this month are: **Marita Barnett** (Charge Nurse) on August 31, **Ann Lee** (Charge Nurse) on August 24, and **Phillip Wilson** (Housekeeper) on August 13. We will miss you all!

The **Indiana State Fair** is only

days away! All State employees will be admitted to the fair for free on August 9 with the presentation of their employee ID card.

Colonial Insurance will be here on Wednesday, August 8 from 8:00 am to 4:30 pm. To schedule an appointment with Brenda Bowling-Morrow, call **410-1400**.

If you are a **U.S. military veteran**, please contact **Sheila Wisner** at extension 4379.

Quality Checkpoint by IOP Director Indu Vohra (continued from page 1)



- CMS would allow drugs and biological tests to be prepared on the orders of practitioners other than the physicians in accordance with the hospital policy and the state laws. The non-physician practitioners may also sign and prepare the documentation for such orders subject to the hospital policy and state laws.
 - The hospitals will have the flexibility to use the standing orders. Medical staff, nursing staff, and the pharmacy are required to approve the written and electronic standing orders, order sets and protocols, which must be based on nationally recognized and evidence-based guidelines and recommendations.
 - **Important:** CMS has added that drug administration errors, adverse drug reactions and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the quality assessment and performance improvement program.
- In addition, several major changes in the Joint Commission (TJC) Standards for the hospital became effective July 1, 2012:**
- TJC Hospital Accreditation Manual has an added Appendix B: "Special Conditions of Participation for Psychiatric Hospitals."
 - Leadership chapter (LD), LD.03.01.01 and EPs 4 and 5 are amended to reflect the change from the term "disruptive behaviors" to "behaviors that undermine the culture of patient safety."
 - Medication Management chapter, MM.02.01.01, EP 2, has been added with the criteria for selecting medications to include the population(s) served.
 - The Infection Control chapter (IC) has major changes in the introduction, rationale, and website references in the footnotes.
 - For the requirements for the on-site survey, an addition has been made for "accreditation with a follow-up survey" in cases of certain types of deficiencies, to include the "conditional level deficiencies" during the survey.
- Please note: IOP is in the process of printing the revised and updated CAMH chapters which will be provided to the Division Directors and chapter coordinators. Please contact Indu Vohra, P.I. Director, if you have any questions at extension 4192 or at indu.vohra@fssa.in.gov.
- Attention RNs, LPNs, BHRAs, and Social Workers:** The deadline for the Culture of Patient Safety Survey has been extended from July 31 to Friday, August 10.

Knozone Action Days



Harmful formation of ground-level ozone affects the health of every individual. Children and the elderly are particularly at risk—as well as those with heart and lung disease.

According to Indianapolis' Office of Sustainability, "Emissions such as nitrogen oxides and volatile organic compounds from sources such as vehicles and industry react in the atmosphere in the presence of

sunlight to produce ground-level ozone."

There are numerous, common-sense ways to reduce these emissions, such as:

- Carpool, bike, or take public transportation to work or to school.
- If you do drive, don't let your car idle.
- Don't fuel your car or cut

grass in the heat of the day.

- Have your car serviced on a regular basis. According to the Office of Sustainability, "one poorly performing car can equal emissions from 10-25 properly running vehicles."

For more tips and/or to sign up for Knozone Action Day email alerts, go to www.indy.gov/KNOZONE.

The next Employee Forum will be held on August 22 with two sessions for your convenience: 8:30 am and 3:00 pm. Half-an-hour before each session, the Superintendent will meet privately with new employees who have been hired within the last three months. Also, a Deferred Compensation representative will be present at both sessions for informational purposes.
See you on August 22!



Wellness Works by the Wellness Committee

(On July 25, Registered Dietitian, Kausar Siddiqi, gave a brown-bag lunch presentation for employees called “Supermarket Savings.” The information from that presentation was used to develop this article.)

The current drought and heat will undoubtedly have an effect on our grocery prices. The crops, without the needed water, produce less; heat-stressed poultry lay fewer eggs.

According to John Barone, CEO of Fairfield, New Jersey-based Market Vision Inc., 40% of this year’s corn crop is rated good to excellent, compared with 66% in the same period a year ago. This will result in higher feed costs for farmers and increased food prices due to beef, poultry and dairy shortages. Some farmers may sell breeding stock to reduce feeding cost.

With a corn shortage, there will be reduced availability of feed for livestock and products made from corn, such as corn oil and high fructose corn syrup, which is a sweetener used in many products including soft drinks, cereals, condiments, candy, bread, cookies, flavored yogurt, canned fruits and vegetables, granola bars, etc.

The food cost forecast is for rising prices. Although livestock prices may drop a little initially due to breeding animals being sold, the costs will rebound and surpass current prices with the long-term shortage of animals. Even cooking oil prices will rise at the same rate as corn and soybeans over the coming months. Basically, the overall average food basket cost is expected to rise eight to nine percent over the next 12 months.

With rising costs, it is getting more and more important to

save at the grocery store. The two aspects of saving are to spend less and to waste less. Money is tossed when food is tossed in the trash. Saving a dollar is even better than earning a dollar—you do not have to pay taxes on it!

Here are some tips that should help with savings at the supermarket:

- Plan ahead. Plan a menu for the week using recipes that you and your family like. Use recipes with ingredients that are of reasonable or low cost.
- Include items on the menu from your pantry, refrigerator and freezer in your menu; this will prevent them from being spoiled or outdated before they get used.
- Make a grocery list and follow it.
- Check your newspaper for sales on items on your list.
- Check to see if there are coupons available for items that you normally buy and are on your grocery list. Coupons are available in newspapers, magazines, back of some grocery receipts and on-line. Check and see if the store has double or triple coupon days.
- See if the store will match the price or accept coupons from another store.
- Eat before you shop and feed the children who will be shopping with you. Everything looks good on an empty stomach. Having a full stomach will prevent you from buying unnecessary items or snacks to tide you over until you get home.
- Stock up on sale items **ONLY** if you will use them before they spoil. Pay attention to expiration dates on packages.
- Invest in staple foods when they’re on sale, such as canned tomatoes, spaghetti sauce, tuna, etc.
- Buy several packages of meat on sale and freeze them. Unless the food will be used in a month or two, over-wrap these packages for long-term storage using airtight freezer paper or place the packages inside a plastic freezer bag.
- Divide larger packages into smaller ones before freezing.
- Check the unit price before buying. Store brands are generally lower in price, sometimes even after a coupon has been applied to the name-brand product.
- Buy larger packages only if you can use it before it expires and the unit price is less than that of the smaller packages.
- Buy the smallest package size the first time you purchase an unfamiliar food.
- Think twice before buying a last-minute temptation in the checkout lane.

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- Consider how much time you really save by buying a specific convenience food. It takes a few seconds to make your own cinnamon and sugar mixture, and the cost is much less than buying the premixed item.
- Cutting your own fruits and vegetables saves money; they also keep longer than pre-cut ones.
- Microwaving regular oatmeal takes only a few minutes more than pouring hot water over a pre-measured package.
- Reduce, reuse, and recycle your food.
- Reduce the amount of a food item purchased if you will not be able to use it before it spoils or gets outdated.
- Reuse the item if you have bought too much of it; e.g., use leftover lettuce in salads, tacos, wrap sandwiches, etc.
- Recycle foods by using them in a different form; e.g., use leftover mashed potatoes in shepherd's pie, potato patties, potato soup, etc.
- Recycle bananas by using them for smoothies or banana bread. Bananas can also be frozen for later use.
- Brown bag your lunch. It can be as simple as a sandwich and a piece of fruit or leftovers from the previous dinner.
- Limit soft drinks and fancy coffees.
- Buy a reusable water bottle and fill with tap water instead of buying bottled water.

Remember: If you eat, the drought will affect you!

First-aid Kit Basics



Have you ever had to search for a band-aid while trying to keep your cut finger from bleeding all over? If so, it's time to prepare a first-aid kit. If all of your first-aid items are in one well-stocked bag, you'll be able to respond more quickly to injuries and emergencies.

How-to Manual

Should you ice a burn? (No. Use cool water.) Should you wrap a sprained ankle tightly? (No. Use loose wrapping.) You could Google for an answer, but having a paper guide ready and waiting could be more handy. You can print out a free first-aid guide from the American College of Emergency Physicians at www.emergencycareforyou.org.

List of Emergency Numbers

Keep a list of emergency phone numbers with the kit. (It's great to have them in your cell phone, but what if the babysitter doesn't have them programmed in her phone?) The list should include contact information for your doctors and pediatrician, poison control center, and local emergency services. Also keep medical consent and history forms for each family member.

Aspirin

Kids under 19 shouldn't take it, but adults having a heart attack could need it. (If you're experiencing symptoms of a heart attack, call 911.) Also stock non-aspirin pain relievers and other emergency medications.

Bandages

Keep about 25 assorted sizes for a family of four. Include elastic wraps, gauze rolls and pads, and adhesive tape.

Cleaners

Keep hydrogen peroxide, antibiotic ointment, and alcohol-based hand sanitizer in your kit.

Itch and Irritation Relievers

Have hydrocortisone cream, aloe vera gel, and calamine lotion.

Tweezers and Tools

Have tweezers to pluck out splinters and stingers. And be sure to have latex-free gloves, sharp scissors with rounded tips, and a thermometer.



New school years are beginning! So, be on the lookout for kids.... Let's all be safe!





Newest Self Service function in PeopleSoft® is Request for Family-Medical Leave

Advantages of the new process

Your name, address, agency, and supervisor are pre-populated which reduces time you spend filling-in the request form and reduces problems from illegible handwriting or copying quality.

You can identify/use unique email address(es) for receiving FML notices without changing the personal contact information in your PeopleSoft®(PS) account.

You can print copies of your request for your own records and check your PS account to see the status of your request: Draft, Submitted without documentation, Submitted, Approved, Denied.

You will receive automatic, immediate email responses identifying deadlines or ineligibility.

If you do not attach documentation with the request, then you will automatically be notified that documentation must be submitted within 15 calendar days or an approved extension.

If you are not eligible to use FML (e.g., you have not been employed at least 12 months, or have not performed 1250 hours of work in the immediately-preceding 12-month period, or have already exhausted the allotment of FML for the current FY) then you will be immediately notified that the request is denied due to the ineligibility and need not spend money and time taking Certification forms to your health care provider.

This system improves confidentiality and security by reducing the number of paper copies of documentation that might be available in file cabinets or fax machines. Having health care providers give the documents directly to you or your family members reduces their concerns about confidentiality, too, and gives you the chance to discuss matters thoroughly with your health care providers.

If your time is properly entered in PeopleSoft® Time & Labor, you will see an accurate balance of the FML remaining available in the fiscal year.

When does it start?

Beginning **August 19, 2012**, all requests for FML must be submitted and documentation uploaded into the PeopleSoft® FMLA (PS/FMLA) module.

How do I request FML?

Log in to PeopleSoft® Self Serve, choose Leave Requests and FMLA Request, then follow the instructions that appear on the screen for submitting the request and uploading your supporting documentation.

To assist you with this new process, the following sites will provide step-by-step instructions on how to:

Submit a request for FML - http://www.in.gov/spd/files/Submitting_FML_Request_Jobaid.pdf

Upload the medical documentation - http://www.in.gov/spd/files/Attaching_Docs_to_saved_FML_Request_Jobaid.pdf Please note that your supervisor, manager, HRD and physician will not be able to upload your medical documentation, nor will they be able to view the documentation once you have uploaded it.

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Supervisors, Managers, and HRDs will have access to complete and submit an electronic request for FML on your behalf if your condition or necessity to care for a family member renders you unavailable to submit your own request. They will not be able to upload or view medical documentation.

How do I record FML?

If you *do not* use PeopleSoft® Time & Labor now to record submit your biweekly attendance report, then you will continue to use the process your agency uses now.

However, if you *do* use PeopleSoft® Time & Labor (PS/T&L)to submit your biweekly attendance report, then there is also a new process for recording use of FML. To record on your timesheet the use of FML, you will identify the number of the FML approval found on your FML Notice (e.g., 001, 002) and those hours will be deducted from your balance. Usage entered into PS/T&L will be deducted from the fiscal year allotment and allows you to easily view your remaining balance of FML by clicking Leave and Compensatory Time Balances.

If you have already been approved in FY2012/13 for FML that occurs on or after August 19, 2012, then you will follow the same process in PS/T&L; however, since your request was approved prior to the new electronic process, it will not have an identification number, so you must choose "000-Previously Approved FMLA."

The following link provides step-by-step instructions on this new PS/T&L process: www.in.gov/spd/files/FMLA_Time_and_Labor_JOBAID.pdf

Where can I find more information?

Information on the new process can be found on the SPD website beginning August 19th.

If you need assistance with this new process or have questions about FML, please call the FML Line at 317-234-7955, or toll free at 855.SPD.INHR (855-773-4647).

Have a question about Family Medical Leave?



Get your answers by
dialing SPD's FML
central number:
317-234-7955
or toll-free at
1-855-SPD-INHR
(1-855-773-4647)